NOTICE OF FORM CHANGE NO. 16-138					DATE
					12/13/2016
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Form	ns Managemer	nt Unit
Listed below is information re	egarding a form change.	Only applica	ble information i	s shown.	
This notice updates your Ca	alifornia Department of Se	ocial Service	s (CDSS) Count	y Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	M44-316E (10/16) - N	1id-Period Ch	nange Due To TI	ne Death Of A C	Child
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
⊠ New ☐ Revised	DATE OF FORM 10/16	REPLACES	REPLACES		Obsolete
REQUIRED FORM-	REQUIRED FORM-	\\/;t = D=:== D:	00 Ammand	D	d F
UNLESS OTHERWISE SPECIFIED STO	Substitute Permitted	OTH		Recommende	a Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☐ INTRANET:		
	FORMS DISPOSI	TION AND S	PECIAL INSTR	UCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		_ Des	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form			effective	Refer	to ACL
USE FORM IN ACCORDANCE WITH	6-90				
ADDITIONAL INFORMATION REGARDING FO	DRM CHANGE				
ACL 16-90 (October 21, 201 http://inet.dss.ca.gov/wm7_la	6)	/2016/16-90.բ	odf		
http://www.cdss.ca.gov/cdss M44-316E (10/16) - Mid-Per					